## **Verification of Employment**

## Board of Examiners for Nursing Home Administrators Lucas State Office Building, 5<sup>th</sup> Floor 321 E. 12th Street Des Moines, Iowa 50319-0075

The applicant listed below is requesting official employment verification. This will be used by the Iowa Board of Examiners for Nursing Home Administrators to evaluate the applicant's request for substitution of experience in long-term health care administration for the required practicum. Please return to the Board address above.

	Applicant Name	
You	er name and title (owner, chief operating officer, human resources o	officer, or board president)
	Company/facility name	
	Address	
	City/State/Zip	
	History with this company/facility: with first position held. Attach additional she	eet if needed
Dates From/To	Facility Name(s)	Position(s) Held
Your Signature	):	
Date Signed: _		